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Owner **Hoda Elasmr:
System CMO**

Policy Area **Medical Staff**

Applicability **Providence
Systemwide**

PSJH-MED-308 Excluded Individual Checks – Medical Staff

Executive Sponsor:	Hoda Asmar, Chief Medical Officer
Policy Owner:	Hoda Asmar, Chief Medical Officer
Contact Person:	Karen Coleman, System Director, Compliance

Scope:

This policy applies to the not-for-profit, non-profit entities of Providence and its Affiliates [\[i\]](#) (collectively known as “Providence”) and their workforce members (caregivers, volunteers, trainees, interns, apprentices, students), independent contractors, vendors and all other individuals working at the ministry, whether they are paid by or under the direct control of the facility; employees of affiliated organizations (collectively, “workforce members”). Where an organization is not wholly or majority owned, exceptions may apply.

☐ Yes ☒ No Is this policy applicable to Providence Global Center (PGC) caregivers?

This is a management level policy reviewed and recommended by the Policy Advisory Committee for approval by senior leadership which includes vetting by Executive Leadership Committee with final approval by the President, Chief Executive Officer or appropriate delegate.

Purpose:

To require all individuals not employed by PSJH applying to become a member of a Providence Medical (or Professional) Staff, hereafter called "Medical Staff" be checked against federal and all state government exclusion lists to ensure that Providence does not grant privileges or otherwise engage Ineligible Persons pursuant to the OIG and state requirements concerning exclusion. (Please reference the HR policy, *Background Check and Excluded Provider* for employed individuals.) Exclusion lists to be checked include the Office of Inspector General (OIG) - List of Excluded Individuals/Entities (LEIE), General Service Administration - System for Award

Management (GSA/SAM), and all State Medicaid exclusion list databases of excluded individuals and entities to assure that Providence does not use/pay for services or products from anyone on the government's excluded list.

Definitions:

1. **OIG** – The Department of Health and Human Services' "Office of Inspector General"
2. **GSA** – US "General Services Administration"
3. **LEIE** – The Department of Health and Human Services' OIG "List of Excluded Individuals/Entities" database which provides information to the healthcare industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and federal healthcare programs.
4. **CMS Preclusion List** – List of individuals or entities who are currently revoked from Medicare, are under an active re-enrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program.
OR
Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare Program.
5. **OFAC** - Office of Foreign Assets Control
6. **SAM** – The GSA "System for Award Management" which provides information on entities debarred, suspended, excluded or disqualified from receiving federal contracts, subcontracts and certain federal assistance and benefits.
7. **SDN** - Specially Designated Nationals lists
8. **State Excluded Provider Lists:** State Medicaid exclusion lists.
9. **Ineligible Persons** - those individuals or entities that are currently excluded, suspended, debarred, or ineligible to participate in any federal or state health care program or in a federal or state procurement program or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in a federal or state health care program after a period of exclusion, suspension, debarment or ineligibility.
10. **Medical Staff (Professional Staff)** - as used in this policy includes licensed physicians, osteopaths, oral surgeons, dentists, podiatrists, optometrists, and chiropractors. Because the intent of this requirement is to have the applicant provide this certification, and because there are occasions where the provider is not included in the list above, we include in the definition of Medical Staff under this policy other licensed practitioners who have privileges in this process, including, but not limited to, nurse practitioners, licensed psychologists, physician assistants, and certified nurse midwives.

Policy:

Providence prohibits the credentialing and privileging of Medical Staff members who are deemed by a Federal and/or State agency as debarred, excluded or otherwise ineligible for participation in

federal or state funded health care programs, or who have been convicted of a criminal offense related to health care. The Medical Staff Office(s) will ensure a process is in place for all exclusion checks to be completed prior to credentialing and granting privileges. Risk and Integrity Services (RIS) – Compliance will ensure a process is in place for all exclusion checks to be completed on a monthly basis thereafter.

Medical Staff members will be screened against the OIG-LEIE and GSA-SAM, OFAC-SDN, CMS Preclusion, Medicare Opt Out, and all State Medicaid exclusion lists (hereafter referred to as "the lists") to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs. Applicants and those granted privileges have an affirmative obligation to notify Providence in a timely manner if they receive notice from any federal or state agency that it is excluding, intends to exclude, or proposes to exclude them from participation in Medicare and/or other federal or state health care programs.

Requirements:

1. Medical Staff Offices will complete exclusion screening during the initial credentialing process. Prospective medical staff members will be screened against the OIG-LEIE, GSA-SAM, OFAC-SDN, CMS Preclusion, Medicare Opt Out, and all available State Medicaid lists, using the most up-to-date published lists publicly available at the time.
2. Risk and Integrity Services (RIS) – Compliance will facilitate the completion of exclusion screening against the OIG-LEIE, GSA-SAM, OFAC-SDN, CMS Preclusion, Medicare Opt Out, and all available State Medicaid lists, on a list of active medical staff members provided by Medical Staff Offices, and/or Enterprise Information Services on a monthly basis, within 30 days of updated lists being published.
3. The records related to the status and results of the monthly excluded provider screenings will be maintained by the Risk and Integrity Services (RIS) – Compliance department in accordance with the PSJH Records Retention & Disposal policy, and shall be made available for inspection as requested to appropriate parties.
4. Risk and Integrity Services (RIS) – Compliance staff will notify the appropriate Medical Staff Office and the Department of Legal Affairs as soon as possible and not more than two (2) business days after learning of a Medical Staff member's exclusion by the federal or any state government, or discovery of the name of a Medical Staff member appearing on any of "the lists" found on the monthly exclusion checks.
5. PSJH will notify the appropriate government agency and impacted Health Plan partners within 5 business days of discovery of a SAM or OIG sanction. PSJH will maintain evidence of notifying Health Plan partners within 5 business days of discovery of a SAM or OIG sanction. PSJH will also notify impacted Health Plan partners if sanctions or exclusions are lifted for individuals that are rehired.
6. In instances where PSJH is contractually obligated to act on behalf of a Medicare Advantage Organization and follow federal requirements, PSJH will not pay an excluded provider for any claims billed with dates of services after the effective date of the exclusion.
7. Applicants confirmed to be on any of "the lists" are not eligible for membership and/or privileges at a PSJH facility. If a Medical Staff member is determined to be a positively

identified match to an Excluded Individual, that person will be immediately removed from responsibility for, or involvement in any business operations related to, any Federally-funded health care programs, or provision of items or services, directly or indirectly related to Federally-funded health care program beneficiaries. Also, said individual will be removed from any position for which Ineligible Person's compensation, or the items or services provided, ordered, or prescribed by the Excluded Individual are paid in whole or in part, directly or indirectly by Federal funds. An exclusion may result in permanent revocation of Medical Staff membership/privileges if the individual does not dispute the claim against them within a reasonable amount of time. Such determination shall be made by the PSJH Ministry Medical Staff Office in compliance with their Medical Staff Bylaws and Rules & Regulations, and in consultation with the PSJH Risk and Integrity Services (RIS) – Compliance staff and the Department of Legal Affairs. PSJH shall ensure that it does not submit claims for any services provided, ordered, or referred by Ineligible Persons. In the event of an immediate revocation of privileges the impacted PSJH facility will take appropriate measures to assure patients are not adversely affected by the revocation. Additionally, PSJH cannot accept verbal or written orders from these providers

References:

[CMS Preclusion Information](#)

Department of Health and Human Services, [OIG Exclusions Program \(LEIE\)](#)

Social Security Act, Sections [1128](#) and [1156](#)

GSA System Award Management ([SAM](#))

All State Medicaid Sanction Lists

CMS Medicare Managed Care Manual [Transmittal 109](#), July 27, 2012 Chapter 21, Part C and Chapter 9, Part D

[PSJH Codes/Standards of Conduct](#)

Integrity and Compliance [Program Description](#)

The Social Security Act §1862(e)(1)(B), 42 C.F.R. §§ 422.503(b)(4)(vi)(F),

[422.752\(a\)\(8\)](#), [423.752\(a\)\(6\)](#), [42 C.F.R.1001.1901](#), [42 U.S.C. 1320a-7](#) and [42 U.S.C. 1320c-5](#),

[Background Check and Excluded Provider Policy KBoo53456](#)

[Records Retention & Disposal Policy](#)

Attachments:

No Attachments.

Applicability:

[i] For purposes of this policy, "Affiliates" is defined as any not-for-profit or non-profit entity that is wholly owned or controlled by Providence, Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Kadlec, Covenant Health Network, Grace Health System, Providence Global Center*, NorCal HealthConnect, or is a not-for-

profit or non-profit entity majority owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, St. Joseph Health, Covenant Health, Grace Health System, Kadlec, or Pacific Medical Centers names (includes Medical Groups, Home and Community Care, etc.). *Policies and/or procedures may vary for our international affiliates due to regulatory differences.

Approval Signatures

Step Description	Approver	Date
Site Admin Only	Cynthia Johnston: Compliance Spec PSJH	12/2020

Standards

No standards are associated with this document

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